PTO/SB/17 (05-07) Approved for use through 05/31/2007. OMB 0651-0032

Under the Paperwork Reduction	n Act of 1995	no persons are requir	ed to resp					s a valid OMB control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber	10/765782			
FEE TRANSMITTAL			L	Filing Date		June 11, 2003			
For FY 2007				First Named Inv	entor	Paul Silinger			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Luan V. Van			
				Art Unit		1753			
TOTAL AMOUNT OF PAYN	IENT (\$	510.00		Attorney Docket	No.	H000223	3.33717	7 US - 4018	
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND FILING			H FEES	EVAN	MINATION	EEEe		
		Small Entity		Small Entity		Small	Entity		
Application Type	Fee (\$)		Fee (\$)	Fee (\$)	Fee			Fees Paid (\$)	
Utility	300	150	500	250	200				
Design	200	100	100	50	130				
Plant	200	100	300	150	160				
Reissue	300	150	500	250	600				
Provisional	200	100	0	0	(	) (	9		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)							ee (\$)	Small Entity Fee (\$) 25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims		
- 20 or HP = HP = highest number of total	claims paid f	or, if greater than 20.	=			E	ee (\$)	Fee Paid (\$)	
Indep, Claims	Extra Clair	ms Fee (\$)	Fee F	Paid (\$)					
-3 or HP = x   HP = highest number of independent claims paid far, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 59 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (5)									
Other (e.g., late Tiling surcharge): Reply Brief in Response to Examiner's Answer to Appeal Brief 510.00									
***************************************									
SUBMITTED BY	1.0	1. 300	1.0						
Signature Registration No. (Attorney/Agent) 46,264							Telephone 949-224-6282		
Name (Print/Type) Sandra P. Thompson							Date	11-06-2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to taxe 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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